

The President falls far short of his promise under the No Child Left Behind bill, even though this means that taxpayers will have to foot the bill at the local level to pay for education.

Finally, the President does not seem to mind taxing veterans' health care at \$250 per year, and doubling copayments for veterans' prescription drugs, at a time when we should be saluting our veterans.

Our values as a society are not reflected in this budget. We must ban together in Congress to force an honest accounting, and insist upon the restoration of long-term fiscal responsibility to our Nation. It's not enough to talk about compassion—it is high time that we refocus our priorities and show some compassion.

#### GENERAL LEAVE

Mr. SPRATT. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the subject of my Special Order today.

The SPEAKER pro tempore (Mr. CONAWAY). Is there objection to the request of the gentleman from South Carolina?

There was no objection.

#### SETTING THE RECORD STRAIGHT ON THE COST OF THE MEDICARE PRESCRIPTION DRUG BILL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Connecticut (Mrs. JOHNSON) is recognized for 5 minutes.

Mrs. JOHNSON of Connecticut. Mr. Speaker, the landmark Medicare Prescription Drug and Modernization Act that this body passed in 2003 was the subject of heated rhetoric and partisan attacks at that time. Most recently, we have heard the claim that the costs of this wonderful Medicare prescription drug benefit have skyrocketed far above the estimates relied upon when we passed the bill in 2003. Allow me to set the record straight.

The cost of the Medicare prescription drug benefit that will guarantee every senior in America affordable prescription drug coverage has not changed. In November of 2003, the Congressional Budget Office estimated that the costs of the drug benefit from 2004 to 2013 would be \$408 billion. Today, they estimated it at \$410 billion.

In December of 2003, the Centers for Medicaid and Medicare Services, using different assumptions, estimated that the cost of the bill over the same 10-year period would be \$511 billion. Today, they are saying it will cost \$518 billion. So, whatever estimates we use, whichever set of assumptions we wish to rely on, CBO's or CMS', the answer is the cost estimates have not changed. They varied about plus or minus 1 percent.

So what is the issue? What is the big uproar over? The answer is simple. New estimates just released by the adminis-

tration are for a 10-year period that begin in 2006, not 2004. These estimates cite a cost of \$724 billion. That is because they drop 2 years when there was no drug program and add 2 years when millions more Medicare beneficiaries are going to enjoy the benefits of our Medicare Modernization and Prescription Drug Act. It is just that simple. The 10-year estimating period changed. So, of course, the estimates went up.

But it is easy for the estimators to count the new number of people who benefit from the program in the 2 additional years and drop the 2 years when there was no program. It is more difficult for them, and so they do not do it, estimate the saving that the Medicare modernization and prescription drug bill will enable Medicare to enjoy while at the same time improving the quality of care we will be able to deliver to our seniors.

The Medicare Modernization Act fundamentally changed the way Medicare delivers care to our seniors. By offering welcome to Medicare physicals and disease management programs, we have transformed Medicare from simply an illness treatment program to a wellness and preventative health program.

Medicare has always been good at treating our seniors once they got sick, but did nothing to prevent them from getting sick. Worse, Medicare did nothing to help seniors with chronic illnesses to prevent that chronic illness from worsening.

America's seniors deserve the changes we made in the Medicare Modernization Act. That act modernized the delivery system of care to enable Medicare to deliver the most recent medical advances to our seniors, particularly to those with chronic diseases.

□ 1745

By moving from an illness model to a preventive care model, we can keep seniors out of high-cost care settings, like hospitals and emergency rooms. If you are looking for a sensible way to control costs, this is the way to do it. Disease management programs, like the ones the Medicare Modernization Act have introduced into Medicare, have proven they save health care dollars and they improve health care quality.

PacificCare has already saved \$244 million through existing disease management programs to their 720,000 Medicare beneficiaries. They have saved \$75 million through medication management for patients with congestive heart failure and reduced hospitalizations by 50 percent. They have saved \$185 million by improving blood sugar and cholesterol levels in diabetics. They have saved \$72 annually through their congestive heart failure program, which has served 15,000 patients.

McKesson, which will bring Medicare seniors into the Medicare Modernization Chronic Care Improvement Pro-

gram this year, currently saves \$3,089 per patient each year in their disease management programs. They have reduced emergency department visits by 61 percent. They have reduced hospitalizations by 66 percent.

XLHealth, which operates a Medicare Chronic Care Improvement Program, has reduced medical costs in 2,500 Medicare patients since 2000. Their disease management program has reduced hospitalizations by 25 percent, amputations by more than 50 percent, and heart bypass surgery by 65 percent.

The bottom line: disease management programs save money and improve health care quality. And thanks to the Medicare Modernization Act, these programs will create a better quality of life for seniors with congestive heart failure, diabetes, chronic obstructive disease, and other chronic illnesses and bend the curve of Medicare's cost growth.

These recent estimates we have been hearing so much about simply do not include any consideration of the power of disease management programs to reduce the cost of chronic disease and to improve the quality of care in Medicare. Twenty percent of our seniors have five or more chronic conditions and account for two-thirds of Medicare spending. Twenty percent. Of course disease management will reduce the cost of Medicare.

MMA also initiated another new, though related, development in Medicare that will create significant savings while improving quality, but isn't reflected in cost estimates drawing attention today. For the first time, electronic prescribing will become routine in the Medicare program, with electronic medical trends coming along thereafter.

Electronic prescribing technology will save lives and money by eliminating adverse drug interactions, eliminating handwriting errors, and by notifying physicians when a lower cost generic alternative is available. As we all know, generic drugs often far cheaper than brand name drugs. Electronic prescribing will save money, and while this technology called for in the MMA, the cost savings are not reflected in the cost estimates.

Repealing the MMA would be the wrong medicine for America's seniors. Doing so would deprive them of prescription drugs and the high level of coordinated and preventive care that will keep our seniors healthier and control Medicare spending by improving the quality of our health delivery system.

#### CODEL TO PAKISTAN AND AFGHANISTAN

The SPEAKER pro tempore (Mr. CONAWAY). Under the Speaker's announced policy of January 4, 2005, the gentleman from Indiana (Mr. PENCE) is recognized for 60 minutes.

Mr. PENCE. Mr. Speaker, I am glad to have the opportunity this evening to address you on a subject that is both a meaningful memory for me, as the elected representative of the people of eastern Indiana's Sixth Congressional District, but also, as I believe we will hear not only from my recollection but